MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

12726

CERTIFICATE OF DEATH

Reg. Dist. No. 357

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please note the importance of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Worcester; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Snow Hill Rural #1; MARYLAND; LENGTH OF STAY (In this place) 20 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Worcester; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Snow Hill Rural #1; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Ira	M.	Ayers	Dec.	24	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	Colored	Single	May 17-1931	20 yrs 7 mos.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Own Home	Snow Hill Md	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Elijah Ayers	Effie Pitts

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	None	Mrs Effie Ayers Snow Hill Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Congestive Cardiac Failure	5 days
Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Acute Pulmonary Tuberculosis with Cavitation	1 yr.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 12-17-, 1951, to 12-24-, 1951, that I last saw the deceased alive on 12-24-51 19..., and that death occurred at 7:8 m., from the causes and on the date stated above.

SIGNATURE: Dewitt LaMar (Degree or title) MD ADDRESS Snow Hill DATE SIGNED 12-26-51

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Dec 27/51	Mt Nebo	Snow Hill	Md

DATE REC'D BY LOCAL REG. 12/27/51	REGISTRAR'S SIGNATURE, LeRoy Smith	24. FUNERAL DIRECTOR	ADDRESS
		Leroy B Timmis	Snow Hill Md

RECEIVED
JAN 2 1952
BUREAU V. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS/A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

Nr 2B 12727

CERTIFICATE OF DEATH

Reg. Dist. No. 357

1. PLACE OF DEATH — COUNTY: Worcester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Snow Hill — LENGTH OF STAY (In this place): 6 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: New York — COUNTY: Tompkin
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ithaca
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Norman (Middle) C (Last) Barto
4. DATE OF DEATH: (Month) Dec. (Day) 20 (Year) 1951
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: March 2-1857
9. AGE last birthday: 94/9/18 yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Janitor
10b. KIND OF BUSINESS OR INDUSTRY: Bank
11. BIRTHPLACE (State or foreign country): Dryden New York
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Benjamin B. Barto
14. MOTHER'S MAIDEN NAME: Ann R. Wiser
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: Mrs Edith Van Arder Snow Hill, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Congestive Cardiac Failure	3 days
434.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cachexia and inanition	2 mos.
93e	(c) Senility	?

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from August, 1949, to Dec. 20, 1951, that I last saw the deceased alive on Dec. 20, 1951, and that death occurred at 7:00 P m., from the causes and on the date stated above.

SIGNATURE: Scratch, LaMar — (Degree or title) M.D. — ADDRESS: Snow Hill — DATE SIGNED: 12-21-51

23. BURIAL, CREMATION REMOVAL (Specify): Remove — DATE THEREOF: 12/22/51 — NAME OF CEMETERY OR CREMATORY: South Hill — LOCATION (City, town, or county) (State): Ithaca, New York

DATE REC'D BY LOCAL REG.: 12/24/51 — REGISTRAR'S SIGNATURE: LeRoy Smith — 24. FUNERAL DIRECTOR: Clay E. Timmis — ADDRESS: Snow Hill, Md

770716

RECEIVED
Dec. 6 1950
BUREAU V. S.

12728

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 355

1. PLACE OF DEATH: COUNTY Worcester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ocean City
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ocean City
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Helen (Middle) Patty (Last) Calhoun
4. DATE OF DEATH (Month) Dec. (Day) 17 (Year) 1951

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow
8. DATE OF BIRTH 10/20/1891
9. AGE last birthday 60 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Berlin Md
12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME Powell Patty
14. MOTHER'S MAIDEN NAME Virginia Boston

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No
16. SOCIAL SECURITY No. No.
17. INFORMANT AND ADDRESS Mr. Harry Calhoun Ocean City Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of Cervix — INTERVAL BETWEEN ONSET AND DEATH 4 yrs

171X

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

48a (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from —, 1946, to 17 Dec., 1951, that I last saw the deceased alive on 17 Dec., 1951, and that death occurred at 6:45 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Nathanael L. Thomas MD
ADDRESS Ocean City Md
DATE SIGNED 20 Dec 51

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 12/20/51
NAME OF CEMETERY OR CREMATORY St. Pauls Churchyard
LOCATION (City, town, or county) Berlin (State) Md.

DATE REC'D BY LOCAL REG. 12-20-51
REGISTRAR'S SIGNATURE Helen F. Hayward
24. FUNERAL DIRECTOR Duane A Burbage
ADDRESS Berlin Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 26 1951
BUREAU V. S.

12729

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 355

1. PLACE OF DEATH: COUNTY Worcester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berlin
LENGTH OF STAY (In this place) Most of life
HOSPITAL OR INSTITUTION OR STREET ADDRESS At home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berlin
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Joseph (Middle) Henry (Last) Coard
4. DATE OF DEATH (Month) 12 - (Day) 18 - (Year) 1951

5. SEX Male
6. COLOR OR RACE A. A.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 5-3-'01
9. AGE last birthday 50 yrs. If under 1 year Months 7 Days 15 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer now self-employed
10b. KIND OF BUSINESS OR INDUSTRY Sun Ship Bld. Pool Room
11. BIRTHPLACE (State or foreign country) Berlin, Worcester Co., Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME George Coard
14. MOTHER'S MAIDEN NAME Hettie Robbins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. 197-12-1980
17. INFORMANT AND ADDRESS Mrs. Bessie Coard, Berlin, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH 3 hrs

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

940 (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-17, 1951, to 12/18/, 1951, that I last saw the deceased alive on 12/18/, 1951, and that death occurred at 1 10 m., from the causes and on the date stated above.

SIGNATURE Hermann Rabler (Degree or title) MD ADDRESS 5 Bay St Berlin Md DATE SIGNED 12/19/51

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 12-21-'51
NAME OF CEMETERY OR CREMATORY Germantown Cemetery
LOCATION (City, town, or county) (State) Berlin, Worcester Co., Md.

DATE REC'D BY LOCAL REG. 12-20-51
REGISTRAR'S SIGNATURE Helen F. Hayward
24. FUNERAL DIRECTOR James B. Dashiell, ADDRESS Salisbury Md.

970 852

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 26 1951
BUREAU V. S.

12730

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 355

1. PLACE OF DEATH: COUNTY Worcester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berlin
LENGTH OF STAY (in this place) 15 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Powelton Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berlin
STREET ADDRESS (If rural, give location) Powelton Ave.

3. NAME OF DECEASED (Type or Print) (First) Martha (Middle) Jane (Last) Coffin
4. DATE OF DEATH (Month) Dec (Day) 4 (Year) 1951

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH Mar. 31, 1860
9. AGE last birthday 91 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY Housewife
11. BIRTHPLACE (State or foreign country) Md
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Simpson Davis
14. MOTHER'S MAIDEN NAME Elizabeth Freeman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Mrs Minnie Adkins

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Congestive Heart failure c̄ Chronic Bronchiectasis + Emphysema — 4 yrs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Senility c̄ Atherosclerosis generalized + Chronic Bronchitis
(c) Anemia sec, abdominal adhesions, Possible Ca of transverse Colon

450.0
46 e

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Malunited fracture, neck of wt. Femur — 2 yrs.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7 Jan, 1947, to 4 Dec, 1951, that I last saw the deceased alive on 4 Dec, 1951, and that death occurred at 10 a.m. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Herman A. Robbins M.D., Berlin, Md 5 Dec 51

23. BURIAL, CREMATION REMOVAL (Specify)
DATE THEREOF 12/6/51
NAME OF CEMETERY OR CREMATORY Evergreen Cem.
LOCATION (City, town, or county) Berlin (State) Md.

DATE REC'D BY LOCAL REG. 12/6/51
REGISTRAR'S SIGNATURE Helen F Hayward
24. FUNERAL DIRECTOR Arnold A Burbage ADDRESS Berlin Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 11 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 554

1. PLACE OF DEATH COUNTY: Worcester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Stockton — LENGTH OF STAY (In this place): 87 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Maryland — COUNTY: Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Stockton
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): Charles (First) E. (Middle) Coulbourne (Last)
4. DATE OF DEATH: Dec. (Month) 19 (Day) 1951 (Year)
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Sept. 25-1864
9. AGE last birthday: 87/2/24 yrs. — If under 1 year: Months, Days — If under 24 hrs: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Cinn Farm
11. BIRTHPLACE (State or foreign country): Stockton, Md
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: William Coulbourne
14. MOTHER'S MAIDEN NAME: Elizabeth Allen
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY No.: None
17. INFORMANT AND ADDRESS: Mrs Zebbah M Coulbourne Stockton, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Hypertensive Arteriosclerotic Cardio-
442X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Vascular renal disease — 5 year
(c) Uremia — 2 days

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1947, 19 , to 12-19, 1951, that I last saw the deceased alive on 12-18, 1951, and that death occurred at 2:30 A m., from the causes and on the date stated above.

SIGNATURE: Paul Cohen (Degree or title) — ADDRESS: Snow Hill Md — DATE SIGNED: 12-20-51

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: Dec. 21/51 — NAME OF CEMETERY OR CREMATORY: Snooks Chapel — LOCATION (City, town, or county) (State): Stockton, Md

DATE REC'D BY LOCAL REG.: Dec 20 1951 — REGISTRAR'S SIGNATURE: Mary M Taylor — 24. FUNERAL DIRECTOR: Leroy E Jones — ADDRESS: Snow Hill, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

RECEIVED
JAN 2 ..
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians, please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 355

1. PLACE OF DEATH: COUNTY WORCESTER MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN SHOWELL
LENGTH OF STAY (in this place) 20 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY WORCESTER
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN SHOWELL
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Peter (Middle) William (Last) Davis
4. DATE OF DEATH: (Month) Dec (Day) 21 (Year) 1951
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH: Dec. 2, 1856
9. AGE last birthday: 95 yrs. If under 1 year: Months | Days. If under 24 hrs.: Hours | Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Own Farm
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: John Simpson Davis
14. MOTHER'S MAIDEN NAME: Mary Freeman
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NN (If yes, give war or dates of service) NN
16. SOCIAL SECURITY NO.: NN
17. INFORMANT AND ADDRESS: Mr. Arlie Davis, Showell, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Chr. Nephritis with Acute attack

422.4 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Bronchitis Acute

101 (c) Chr. Myocarditis

INTERVAL BETWEEN ONSET AND DEATH: 3 weeks

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Age

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 2, 1951, to Dec 21, 1951, that I last saw the deceased alive on 12-20, 1951, and that death occurred at 9 A. m., from the causes and on the date stated above.

SIGNATURE: Chas R. Lowe MD (Degree or title) ADDRESS: Berlin Md DATE SIGNED: Dec 22-51

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL
DATE THEREOF: 12/23/51
NAME OF CEMETERY OR CREMATORY: EVERGREEN
LOCATION (City, town, or county): BERLIN (State): MD
DATE REC'D BY LOCAL REG.: 12-23-51
REGISTRAR'S SIGNATURE: Helen F. Hayward
24. FUNERAL DIRECTOR: Anna A. Burbage ADDRESS: Berlin Md

RECEIVED
JAN 2 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 355

1. PLACE OF DEATH: COUNTY Worcester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berlin
LENGTH OF STAY (in this place) 11 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS ✓

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berlin
STREET ADDRESS (If rural, give location) R.F.D.

3. NAME OF DECEASED (Type or Print) (First) Annie (Middle) Bell (Last) Dennis
4. DATE OF DEATH (Month) 12 (Day) 10 (Year) 1951

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow
8. DATE OF BIRTH Dec. 4, 1865
9. AGE last birthday 86 yrs. If under 1 year Months Days If under 24 hrs Hours Min

10a. USUAL OCCUPATION (Give kind if work done during most of working life, even if retired) Housework
10b. KIND OF BUSINESS OR INDUSTRY Own work
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Peter Powell
14. MOTHER'S MAIDEN NAME Nancy (Unknown)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ~~[illegible]~~ (If yes, give war or dates of service) ✓
16. SOCIAL SECURITY NO. ~~Own work~~
17. INFORMANT AND ADDRESS Mrs Pauley Littleton Berlin, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute Myocarditis

444X Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension

93a (c)

INTERVAL BETWEEN ONSET AND DEATH ?

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-1-51 19 , to 12-10 , 1951, that I last saw the deceased alive on 12-10 , 1951, and that death occurred at 4:00 P. m, from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Clifford E. Schott M.D. Berlin Md.

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 12-12-51
NAME OF CEMETERY OR CREMATORY Riverside
LOCATION (City, town, or county) Berlin (State) Md.

DATE REC'D BY LOCAL REG. 12-12-51
REGISTRAR'S SIGNATURE Helen F. Hayward
24. FUNERAL DIRECTOR Peter Nancy ADDRESS Selbyville Del.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

VS. A17

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

12734

CERTIFICATE OF DEATH

Reg. Dist. No. 351

1. PLACE OF DEATH: COUNTY Worcester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Newark
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Newark
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Clara (Middle) E (Last) Dennis

4. DATE OF DEATH (Month) Dec. (Day) 21 (Year) 1957

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widow
8. DATE OF BIRTH May 6, 1883
9. AGE last birthday 68 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY None
11. BIRTHPLACE (State or foreign country) Ironshire Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME William Burbage
14. MOTHER'S MAIDEN NAME Elizabeth Powell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes
16. SOCIAL SECURITY No. No
17. INFORMANT AND ADDRESS Mr. Milton Dennis Newark Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) [illegible]

416.X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) [illegible]

(c) [illegible]

INTERVAL BETWEEN ONSET AND DEATH

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. [illegible]

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from [illegible], 19[illegible], to [illegible], 19[illegible], that I last saw the deceased alive on [illegible], 19[illegible], and that death occurred at [illegible] m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 12/24/57
NAME OF CEMETERY OR CREMATORY Bowen Cem
LOCATION (City, town, or county) Newark (State) Md

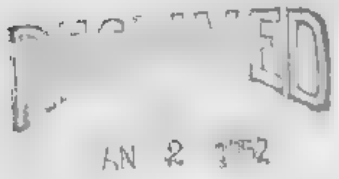
DATE REC'D BY LOCAL REG. Jan 2, 1958
REGISTRAR'S SIGNATURE Mrs. [illegible]
24. FUNERAL DIRECTOR Anne A. Burbage ADDRESS Berlin Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly

VS/AI

SENT TO LOCAL REGISTRAR No. 40 DATE 4/2/52



AN 2 1952

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

12735

CERTIFICATE OF DEATH

Reg. Dist. No. 351

1. PLACE OF DEATH — COUNTY: Worcester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Snow Hill — LENGTH OF STAY (In this place): 85 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Snow Hill
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) (First) Mary (Middle) A (Last) Fowler

4. DATE OF DEATH (Month) Dec. (Day) 31 (Year) 1957

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Jan. 9 - 1866

9. AGE last birthday: 85/11/22 yrs. If under 1 year: Months | Days | If under 24 hrs: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Snow Hill, Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: James P. Burroughs

14. MOTHER'S MAIDEN NAME: Annie Purnell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — If yes, give war or dates of service

16. SOCIAL SECURITY No.: None

17. INFORMANT AND ADDRESS: W. Hance Hooks 5504 Roosevelt St Bethesda, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute Coronary Occlusion — Interval Between Onset and Death: 2 Hours

420.1 Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic Myocarditis — 2 yrs

430 (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from August, 1949, to Dec. 31, 1951, that I last saw the deceased alive on Dec. 31, 1951, and that death occurred at 9.30A m, from the causes and on the date stated above.

SIGNATURE: J. Beatch La Mar (Degree or title) MD — ADDRESS: Snow Hill — DATE SIGNED: 1-1-52

23. BURIAL, CREMATION REMOVAL (Specify): Buried — DATE THEREOF: Jan 2/52 — NAME OF CEMETERY OR CREMATORY: Presbyterian — LOCATION (City, town, precounty): Snow Hill (State) Md

DATE REC'D BY LOCAL REG.: 1/2/52 — REGISTRAR'S SIGNATURE: LeRoy Smith

24. FUNERAL DIRECTOR: Wray B. Dennis — ADDRESS: Snow Hill, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians please write the causes of death clearly and legibly

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 355

1. PLACE OF DEATH: COUNTY Worcester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berlin
LENGTH OF STAY (in this place) 44
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berlin
STREET ADDRESS (If rural, give location) Flower St.

3. NAME OF DECEASED (Type or Print) (First) Mattie (Middle) (Last) Leonard
4. DATE OF DEATH (Month) Dec. (Day) 6 (Year) 1951
5. SEX Female
6. COLOR OR RACE colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH Feb. 7, 1907
9. AGE last birthday 44 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Berlin Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME John L. Leonard
14. MOTHER'S MAIDEN NAME Minnie Purnell
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. No
17. INFORMANT AND ADDRESS Alberta Leonard Berlin Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

X Immediate cause (a) Sickle Cell Anemia

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Pelvic Inflamatory Disease

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 1, 1951, to Dec. 6, 1951, that I last saw the deceased alive on Dec. 6, 1951, and that death occurred at 6 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Clifford E. Shott M.D. ADDRESS Berlin Md. DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 12/8/51
NAME OF CEMETERY OR CREMATORY St Pauls
LOCATION (City, town, or county) Berlin (State) Md
DATE REC'D BY LOCAL REG. 12-8-51
REGISTRAR'S SIGNATURE Helen F. Hayward
24. FUNERAL DIRECTOR Anna A. Burbage ADDRESS Berlin Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 350

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Worcester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pocomoke | LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pocomoke
STREET ADDRESS (If rural, give location) Sixth St.

3. NAME OF DECEASED (Type or Print): (First) CHERIL (Middle) D. (Last) MARSHALL
4. DATE OF DEATH (Month) Dec (Day) 16, (Year) 1951

5. SEX: Female
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: Dec 9, 1951
9. AGE last birthday: 0 yrs. | If under 1 year: Months 0, Days 7 | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Frank Marshall, Jr.
14. MOTHER'S MAIDEN NAME: Rose Lane

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No | If yes, give war or dates of service: None
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: Frank Marshall, Pocomoke, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage (Birth — Interval Between Onset and Death: 2 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Infancy — 1 mth.

(c) Prematurity — 3 mths.

II OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 14, 1951, to Dec. 16, 1951, that I last saw the deceased alive on Dec. 16, 1951, and that death occurred at 3 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Louis J. Llewellyn, M.D. | ADDRESS: Pocomoke City, Md. | DATE SIGNED: 12/17/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 12/17/51 | NAME OF CEMETERY OR CREMATORY: Hall's Hill Cemetery | LOCATION (City, town, or county) (State): Pocomoke, Md.

DATE REC'D BY LOCAL REG.: Dec 17, 1951 | REGISTRAR'S SIGNATURE: Anne E. White | 24 FUNERAL DIRECTOR: Henry H. Watson | ADDRESS: Pocomoke, Md.

RECEIVED
DEC 19 1951
BUREAU V. S.

12/17/51

Dr. Hedrich:

This child's name is given on the certificate of death as Cheril D. Marshall, however, the birth certificate, dated December 9, 1951 carries the name of "Shrield Lenetta Wheatley". The mother, Rosa Lane was married to Wheatley, but left him and is now living with Frank Marshall, who is probably the illegitimate father of this child. This for your information.

F. S. WAESCHE, M. D.

Items 5,6,7 Film G137 1/9/52 whw

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 353

1. PLACE OF DEATH: COUNTY Worcester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bishop
LENGTH OF STAY (in this place) 50 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS Bishop (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Charlotte (Middle) (Last) Murray
4. DATE OF DEATH (Month) Dec. (Day) 28 (Year) 1951

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH Oct. 1, 1875
9. AGE last birthday 76 yrs. If under 1 year: Months, Days. If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Delaware
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME John Henry Hudson
14. MOTHER'S MAIDEN NAME Isabelle Bunting

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Volley Murray

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Arteriosclerotic Heart Disease — 5 yrs

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardiac decompensation — 6 days

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1949, to Dec 28, 1951, that I last saw the deceased alive on Dec 27, 1951, and that death occurred at 3 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Robert Lugg M.D. ADDRESS Frankford Del DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 12/30/51
NAME OF CEMETERY OR CREMATORY Red Men's Cem.
LOCATION (City, town, or county) Hebbyville (State) Del

DATE REC'D BY LOCAL REG. 12/29/51
REGISTRAR'S SIGNATURE Mrs. Hilda Bergey
24. FUNERAL DIRECTOR Henry K. Watson ADDRESS Pocomoke City Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully is especially important. Physicians: please write the causes of death clearly and legibly. The correct age

VS A1

RECEIVED
APR 2 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 251

1. PLACE OF DEATH: COUNTY Worcester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN [illegible] — LENGTH OF STAY (in this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Girdletree R.F.D.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) [illegible] (Middle) Sylvester (Last) Palmer
4. DATE OF DEATH (Month) Dec. (Day) 18 (Year) 1951
5. SEX [illegible]
6. COLOR OR RACE [illegible]
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) [illegible]
8. DATE OF BIRTH 8/25/25
9. AGE last birthday 26 yrs. If under 1 year: Months, Days. If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Timber Cutter
10b. KIND OF BUSINESS OR INDUSTRY Timber
11. BIRTHPLACE (State or foreign country) Bishop Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Sylvester Palmer
14. MOTHER'S MAIDEN NAME Mattie Baker
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Sylvester Palmer Girdletree Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Shock, Loc of Brain, Cerebral Concussion — Interval Between Onset and Death: 10 min

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Compound Frac of Skull, Frac of Left clavicle & Humer

INC (c) Multiple Abrasions & Contusions

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Death @ 7:55 A.M. 12-18-51

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Highway Rt #12 — (CITY OR TOWN) Highway Rt No. 12 — (COUNTY) Worcester — (STATE) Md
TIME OF INJURY (Month) Dec. (Day) 18, (Year) 1951 (Hour) 7:45 A.M. — INJURY OCCURRED While at work ☐ Not while at work ☑ — HOW DID INJURY OCCUR? Skidded on Highway while roundup cars

22. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐

SIGNATURE Herman A. Robbins — (Degree or title) M.D. Dept. Med. Exam — ADDRESS 5 Bay St. Berlin, Md — DATE SIGNED 12-20-51

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 12/20/51 — NAME OF CEMETERY OR CREMATORY Martins Church — LOCATION (City, town, or county) Bishopville — (State) Md

DATE REC'D BY LOCAL REG. Jan 7 1951 — REGISTRAR'S SIGNATURE Mr. Le Roy Smith — 24. FUNERAL DIRECTOR Anna A. Burbage — ADDRESS Berlin Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE [illegible] WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15A

SENT TO LOCAL REGISTRAR No. ____ DATE 1/2/52

RECEIVED
1952
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 357

1. PLACE OF DEATH: COUNTY Worcester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Snow Hill
LENGTH OF STAY (In this place) 4 Months
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Virginia COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bristol
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) George (Middle) (Last) Plaskie
4. DATE OF DEATH (Month) Dec. (Day) 5 (Year) 1951

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Nov. 17-1868
9. AGE last birthday 83-0-18 (If under 1 year: Months, Days; If under 24 hrs: Hours, Min)

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machinist
10b. KIND OF BUSINESS OR INDUSTRY Southern Railroad
11. BIRTHPLACE (State or foreign country) New Orleans, Louisiana
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Joseph Plaskie
14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No. None
17. INFORMANT AND ADDRESS Mr John H Plaskie, Martin Kentucky

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cancer of tongue

141X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH: 1 year

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 1, 1951, to Dec 5, 1951, that I last saw the deceased alive on Dec 5, 1951, and that death occurred at 1:15 P m., from the causes and on the date stated above.

SIGNATURE Paul Ehen (Degree or title) ADDRESS Snow Hill Md DATE SIGNED 12-6-51

23. BURIAL CREMATION REMOVAL (Specify) Removal
DATE THEREOF Dec. 10/51
NAME OF CEMETERY OR CREMATORY Mountain View
LOCATION (City, town, or county) (State) Bristol, Virginia

DATE REC'D BY LOCAL REG. 12/6/51
REGISTRAR'S SIGNATURE LeRoy Smith
24. FUNERAL DIRECTOR Alley E Simms, Snow Hill Md ADDRESS

544506

DEC
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 355

1. PLACE OF DEATH: COUNTY Worcester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berlin
LENGTH OF STAY (in this place) 30 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS R F D

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY [illegible]
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berlin
STREET ADDRESS (If rural, give location) R F D St Martins

3. NAME OF DECEASED (Type or Print) (First) Corrie (Middle) [illegible] (Last) Power
4. DATE OF DEATH (Month) Dec (Day) [illegible] (Year) 19[illegible]

5. SEX [illegible]
6. COLOR OR RACE [illegible]
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH Jan. 4, 1889
9. AGE last birthday 62 yrs. If under 1 year: Months | Days. If under 24 hrs: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Own Farm
11. BIRTHPLACE (State or foreign country) Powell
12. CITIZEN OF WHAT COUNTRY? [illegible]

13. FATHER'S NAME [illegible] A. Powell
14. MOTHER'S MAIDEN NAME Polly Adkins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) [illegible] (If yes, give war or dates of service) [illegible]
16. SOCIAL SECURITY NO. No.
17. INFORMANT AND ADDRESS Mr. [illegible] Powell [illegible]

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute Coronary Thrombosis

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

94a (c)

INTERVAL BETWEEN ONSET AND DEATH: 15 min.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 28, 1951, to Dec 28, 1951 that I last saw the deceased alive on Dec 28, 1951, and that death occurred at 6 50 p. m., from the causes and on the date stated above.

SIGNATURE Hermanle. Rahlmer (Degree or title) MD. ADDRESS 5 Bay St. Berlin, Md DATE SIGNED 30 Dec 51

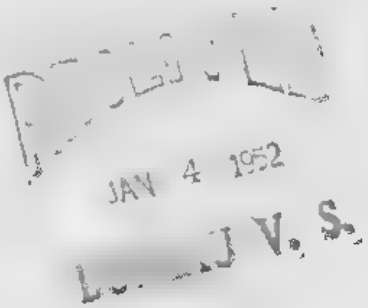
23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 12 2 51
NAME OF CEMETERY OR CREMATORY St. Johns
LOCATION (City, town, or county) Powellville (State) Md

DATE REC'D BY LOCAL REG. 12-31-51
REGISTRAR'S SIGNATURE Helen F Hayward
24. FUNERAL DIRECTOR Anne A. Burbage ADDRESS Berlin Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK Supply every item of information carefully. The correct age is especially important. Physicians' please write the causes of death clearly and legibly.

VS. A15


JAN 4 1952

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

12742

CERTIFICATE OF DEATH

Reg. Dist. No. 355

1. PLACE OF DEATH: COUNTY Worcester MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berlin — LENGTH OF STAY (in this place) All life	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berlin
HOSPITAL OR INSTITUTION OR STREET ADDRESS At home	STREET ADDRESS (If rural, give location) Route #3

3. NAME OF DECEASED (Type or Print)	(First) Jane	(Middle) E.	(Last) Purnell	4. DATE OF DEATH	(Month) 12 - (Day) 10 - (Year) 1951
5. SEX Female	6. COLOR OR RACE A. A.	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH About 1876	9. AGE last birthday About 75 yrs.	If under 1 year Months, Days; If under 24 hrs. Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At home	11. BIRTHPLACE (State or foreign country) Berlin, Worcester Co., Md.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME John Tindley			14. MOTHER'S MAIDEN NAME Lizzie Tindley		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	(If year, give war or dates of service) No	16. SOCIAL SECURITY No. None	17. INFORMANT AND ADDRESS Mr. Charles Purnell, Berlin, Md. Route #3		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Chronic - Myocarditis ?

443X Antecedent cause(s) (b) Hypertension ?

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-1, 1951, to 12-10, 1951, that I last saw the deceased alive on 12-7, 1951, and that death occurred at 1 a.m. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Clifford E. Schott M.D. Berlin, Md.

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE 12-13-'51	NAME OF CEMETERY OR CREMATORY Germantown Cemetery	LOCATION (City, town, or county) (State) Berlin, Worcester Co., Md.
DATE RECD BY LOCAL REG 12-12-51	REGISTRAR'S SIGNATURE Helen F. Hayward	24. FUNERAL DIRECTOR James B. Tashnell, Salisbury, Md.	ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A16

RECEIVED
DEC 17 1951
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 355

1. PLACE OF DEATH: COUNTY Worcester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ocean City. — LENGTH OF STAY (In this place) 60 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Worcester.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ocean City
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) John (Middle) Jackson (Last) Rayne

4. DATE OF DEATH: (Month) Dec. (Day) 11 (Year) 1951

5. SEX: Male — 6. COLOR OR RACE: White — 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married — 8. DATE OF BIRTH: Jan 13, 1863 — 9. AGE: Last birthday 88 yrs. — If under 1 year: Months / Days — If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Merchant Much Yrs. — 10b. KIND OF BUSINESS OR INDUSTRY: Gen Business — 11. BIRTHPLACE (State or foreign country): Newarke Md — 12. CITIZEN OF WHAT COUNTRY: U S A

13. FATHER'S NAME: Timothy H. Rayne — 14. MOTHER'S MAIDEN NAME: Emma Williams

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service) — 16. SOCIAL SECURITY NO.: — — 17. INFORMANT AND ADDRESS: Mrs J. J. Rayne Ocean City Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Uremia — 4 weeks

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic prostatic hypertrophy, medical Dis. — 10 years

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Old age.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct, 1946, to Dec 11, 1951, that I last saw the deceased alive on Dec 11, 1951, and that death occurred at 8:10 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) H Townsend D. M.D. — ADDRESS Ocean City Maryland. — DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF 12/13/51 — NAME OF CEMETERY OR CREMATORY Odd Fellows — LOCATION (City, town, or county) Berlin — (State) Md

DATE REC'D BY LOCAL REG 12-12-51 — REGISTRAR'S SIGNATURE Helen F. Hayward — 24. FUNERAL DIRECTOR Anne E. Bunting — ADDRESS Berlin Md

RECEIVED
DEC 17 1951
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians' please write the causes of death clearly and legibly.

VS A1

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

12744

CERTIFICATE OF DEATH

Reg. Dist. No. 351

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Snow Hill Rural #2 LENGTH OF STAY (in this place) 68 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Snow Hill Rural #2
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Ernest (Middle) Lee (Last) Shackley
4. DATE OF DEATH (Month) Dec. (Day) 26 (Year) 1951
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH April 23 1883
9. AGE last birthday 68/8/3 yrs. If under 1 year Months Days If under 24 hrs Hours Min
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Own Farm
11. BIRTHPLACE (State or foreign country) Snow Hill Md
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Elijah C. Shackley
14. MOTHER'S MAIDEN NAME Mary Russell
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No. 220-12-2284
17. INFORMANT AND ADDRESS Mrs Lattie C. Shackley Snow Hill Md Rural #2

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of right lung

163A Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

47d (c)

INTERVAL BETWEEN ONSET AND DEATH 1 year

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. , 1950 , to Dec. 26 , 1951 , that I last saw the deceased alive on 12-25 , 1951 , and that death occurred at 3:40 a.m., from the causes and on the date stated above.

SIGNATURE Frank R. Lewis (Degree or title) Md ADDRESS Willards Md DATE SIGNED 2-27-51

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE THEREOF Dec. 28/51 NAME OF CEMETERY OR CREMATORY Bates Cemetery LOCATION (City, town, or county) Snow Hill (State) Md

DATE REC'D BY LOCAL REG. 12/27/51 REGISTRAR'S SIGNATURE L. E. Ray Smith
24. FUNERAL DIRECTOR Craig E. Jennings ADDRESS Snow Hill Md

RECEIVED
JAN 2 1912
BUREAU V. S.

12753

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 350

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Worcester; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pocomoke; HOSPITAL OR INSTITUTION OR STREET ADDRESS; LENGTH OF STAY (In this place)

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Worcester; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pocomoke; STREET ADDRESS (If rural, give location) Brick-yard Ave.

3. NAME OF DECEASED (Type or Print): (First) Maggie (Middle) Jane (Last) Baker

4. DATE OF DEATH: (Month) Dec (Day) 15 (Year) 1957

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (specify): Widowed

8. DATE OF BIRTH

9. AGE: Last birthday 56 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Accomack County, Va

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Walter Barker

14. MOTHER'S MAIDEN NAME: Patsy ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Rachel Tradw - Pocomoke, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cancer of Liver

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 5, 1957, to Dec 15, 1957, that I last saw the deceased alive on Dec 14, 1957, and that death occurred at 7:10 A m, from the causes and on the date stated above.

SIGNATURE (Degree or title) E. Whitehead Jr. M.D.

ADDRESS Pocomoke Md

DATE SIGNED 12-15-57

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE (Month) (Day) (Year) Dec 18 1957

NAME OF CEMETERY OR CREMATORY Jerusalem Cemetery

LOCATION (City, town, or county) Temperanceville

(State) Va

DATE REC'D BY LOCAL REG. Dec. 18, 1957

REGISTRAR'S SIGNATURE Annie L. White

24. FUNERAL DIRECTOR J. Edgar Thomas

ADDRESS Accomac, Va

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 267

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS-A15

1. PLACE OF DEATH: COUNTY Worcester, MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Snow Hill; LENGTH OF STAY in this place 83yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland, COUNTY Worcester; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Snow Hill; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Margaret (Middle) B. (Last) Truitt

4. DATE OF DEATH: (Month) Dec. (Day) 21 (Year) 1957

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Aug. 4- 1868

9. AGE last birthday: 83/4/17 yrs. If under 1 year: Months; Days; If under 24 hrs: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: On Home

11. BIRTHPLACE (State or foreign country): Snow Hill, Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Levi Grimes

14. MOTHER'S MAIDEN NAME: Rachel Richardson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mr. Levi J. Truitt Snow Hill, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Vascular Accident — Interval Between Onset and Death: 2 wks

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Hypertensive Cardiovascular Disease — 10 yrs.

(c) Senility

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While at Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1957, to Dec. 21, 1957, that I last saw the deceased alive on Dec. 20, 1957 and that death occurred at 12:00 P (Degree or title) m., from the causes and on the date stated above.

SIGNATURE Robert L. Parker (Degree or title) M.D. ADDRESS Snow Hill DATE SIGNED 12-22-57

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: Dec. 23/57

NAME OF CEMETERY OR CREMATORY: Whatcoat

LOCATION (City, town, or county): Snow Hill (State): Md

DATE REC'D BY LOCAL REG. 12/27/57

REGISTRAR'S SIGNATURE: LeRoy Smith

24. FUNERAL DIRECTOR: Elmer Dennis

ADDRESS: Snow Hill, Md

MARYLAND STATE DEPARTMENT OF HEALTH

12746

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 350

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH — COUNTY: Worcester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural — LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: In Ambulance

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Pocomoke, Md.
STREET ADDRESS (If rural, give location): Pocomoke, Md.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
James	Issiah	Ward	Dec. 4th. 1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Male	Col.	Married	Jan. 27, 1892	59 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer	Farm	Maryland	U.S.A.

13. FATHER'S NAME: William Ward
14. MOTHER'S MAIDEN NAME: Annie Long

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
NO	224287459	Lottie Ward - Pocomoke, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Coronary Thrombosis	6/7/51
420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 93d (b) Hypertensive Heart disease	20 12/4/51
(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
no	no			

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
no m.		no

22. I hereby certify that I attended the deceased from 6/7/51, 19....., to 12/4....., 19.51, that I last saw the deceased alive on 12/4/51, 19....., and that death occurred at 11:50 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Annie M. Bradford, M.D.	508-5th Ave Pocomoke, Md.	

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Dec. 9, 1951	Unionville Cem.	Pocomoke, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Dec 5 1951	Anne E. White	Edgar Wharton New Church	

$2010 5 Un.

RECEIVED
DEC 10 1951
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 415

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

12747

CERTIFICATE OF DEATH

Reg. Dist. No. 355

1. PLACE OF DEATH: COUNTY Worcester — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berlin R.F.D. — MARYLAND — LENGTH OF STAY (In this place) 88 yrs. — HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Worcester — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berlin — STREET ADDRESS (If rural, give location) R.F.D.

3. NAME OF DECEASED (Type or Print): (First) Levin (Middle) William (Last) Wyatt.

4. DATE OF DEATH: (Month) Dec. (Day) 5 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: Dec. 31, 1863

9. AGE last birthday: 88 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer.

10b. KIND OF BUSINESS OR INDUSTRY: Own Farm

11. BIRTHPLACE (State or foreign country): Berlin Md R.F.D.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Wyatt

14. MOTHER'S MAIDEN NAME: Mary Baker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: No.

17. INFORMANT AND ADDRESS: Mrs. Joe Harrison Berlin Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Bronchopneumonia — Interval Between Onset and Death: 3 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chest cold — 331X

83a (c) Hypertension for 10 yrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cerebral Hemorrhage 1941,

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) Berlin — (COUNTY) Worcester — (STATE) Md.

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-2, 1951, to 12-5, 1951, that I last saw the deceased alive on 12-4, 1951, and that death occurred at 4 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Chas. R. Lowe — ADDRESS: Berlin Md — DATE SIGNED: Dec. 7-1951

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 12/7/51 — NAME OF CEMETERY OR CREMATORY: Tayloville — LOCATION (City, town, or county) (State): Berlin R.F.D. Md

DATE REC'D BY LOCAL REG.: 12/7/51 — REGISTRAR'S SIGNATURE: Helen F. Hayward — 24. FUNERAL DIRECTOR: Anna E. Burbage — ADDRESS: Berlin Md

10215

RECEIVED
DEC 11 1950
BUREAU V. S.